



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS

JAMES E. MCGREEVEY
Governor

FIRE ALARM, BURGLAR ALARM AND LOCKSMITH ADVISORY COMMITTEE
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

PETER C. HARVEY
Attorney General
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Director

APPLICATION FOR AN ALARM LICENSE THROUGH WAIVER OF EXAMINATION

Mailing Address:

P.O. Box 45042
Newark, NJ 07101

(973) 504-6245

INSTRUCTIONS TO APPLICANTS

An applicant will qualify for a waiver of the Alarm examination if the applicant provides proof of at least one year (12 months) of practical hands-on experience, a minimum of 1680 hours, working with tools in the installation, alteration, or repair of wiring for fire alarms, burglar alarms, and/or electronic security systems.

An applicant with less than one year (12 months) of practical hands-on experience, less than a minimum of 1680 hours, will also qualify for a waiver of the Alarm examination if an application is submitted within 120 days of rules adoption and the applicant provides proof of completion of 40 hours of technical training.

GENERAL INFORMATION

The application must be neatly printed or typewritten. All sections of the application must be fully completed before the application can be processed. If the application is not of sufficient size to furnish the required information, a supplemental sheet of the same size may be enclosed with the application (Please refer to the section for which you have used the supplemental sheet).

The non-refundable application fee is \$150.00 must be paid in the form of a certified check or money order payable to the STATE OF NEW JERSEY.

Two full-face photographs, two inches by two inches in size, must be signed and dated on the reverse side and attached to the application. Do not staple the photograph to the application.

Indicate at the top of the application that you are applying for a burglar alarm license or a fire alarm license.

Fully answer all questions with regard to the Criminal History and Child Support sections of the application. Your application may be delayed or denied should your responses require further review.

The Affidavit section of the application must be executed and signed in the presence of a notary public.

CRIMINAL HISTORY REVIEW

All applicants for a license issued by the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee are required to submit to a Criminal History Background Check. Enclosed with the licensing application is a Certification and Authorization form and instructions for completing the Criminal History Review. The form must be fully completed, executed and signed in the presence of a Notary Public and returned to the Advisory Committee office with your application for a license. The Committee will then provide you with instructions how to obtain fingerprints. Once your fingerprints are submitted to the Criminal History Review Unit, a full review will be performed and a determination will be made as to your eligibility to be licensed. **Please note that an application for licensure will not be processed until the Criminal History Review is concluded.**

REQUIREMENTS FOR APPLICANTS WITH AT LEAST ONE YEAR OF PRACTICAL HANDS-ON EXPERIENCE

At least one year, a minimum of 1680 hours, working with tools in the installation, alteration, or repair of wiring for fire alarms, burglar alarms, and/or electronic security systems. One year means a twelve month period, with at least 20 working days per month, during which the applicant has been engaged in the full time practice of the alarm business, equal to a minimum of 1680 hours. Hands-on experience shall not include time spent supervising, engaging in the practice of engineering, estimating and performing other managerial tasks relevant to the alarm business.

REQUIREMENTS FOR APPLICANTS WITH LESS THAN ONE YEAR OF PRACTICAL HANDS-ON EXPERIENCE

A detailed account of **40 hours** of technical training in the following subjects:

Two (2) hours of training in the New Jersey Uniform Construction Code;

Two (2) hours of training in the Barrier Free Subcode;

Two (2) hours of training in the Americans with Disabilities Act;

Two (2) hours of training in Industrial Safety;

and

32 hours of training in trade related subjects.

CERTIFICATION OF PRACTICAL EXPERIENCE

An applicant who is an employee of an alarm business must submit **one (1)** form for each employer who can certify the applicant's practical experience.

An applicant who is an owner of an alarm business must submit **two (2)** forms from other business owners engaged in the alarm industry who can certify the applicant's practical experience.



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
FIRE ALARM, BURGLAR ALARM AND LOCKSMITH
ADVISORY COMMITTEE
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45042
NEWARK NEW JERSEY 07101
(973)504 6245

Attach a clear, full face photograph (2" x2") of your head and shoulders, taken within the past six months. A photograph is required with each application.
(Do not use staples to attach the photograph)

Date Reviewed _____

Approved By _____

Rejected By _____

Reason _____

Date of Photograph

Month Day Year

Application Date

Month Day Year

APPLICATION FOR AN ALARM LICENSE THROUGH WAIVER OF EXAMINATION

An application fee of \$150 must accompany the application. Only certified checks or money orders, payable to the State of New Jersey, will be accepted. (The application fee is not refundable)

Indicate the category of license are you applying for:

Burglar Alarm License _____ Fire Alarm License _____

Please supply an address for each category below and indicate (by placing an "X" in the appropriate box) which of these should be listed as your address of record. If your mailing address is a post office box, you may choose to have correspondence directed to you there but you may not use a post office box as your address of record. Your address of record must include a street address, city, state and ZIP code. **Note:** Your address of record is considered public information. It will be posted as part of the Online Licensee Directories at <http://www.state.nj.us/lps/ca/director.htm>. If you fail to designate an address of record, your home address will be considered your address of record.

Please print or type.

Personal Information

Last name

First name

Middle initial

Maiden name (if applicable)

☐ Home Address

Street

City

State

ZIP code

County

Telephone number (include area code)

E-mail address

☐ Business Address

Name of company

Telephone number (include area code)

Street

City

State

ZIP code

County

☐ Mailing Address

Street or P.O. Box

City

State

ZIP code

County

Please indicate the address to which correspondence should be directed:

☐ Home

☐ Business

☐ Mailing

Please remember that if your mailing address is a post office box, it may not be used as your address of record. Your address of record must include a street address, city, state and ZIP code.

Mouth

Day

Yes

Circu

State

-

- Yes No

**WAIVER OF ALARM EXAMINATION WITH AT LEAST ONE YEAR
(MINIMUM OF 1680 HOURS) OF PRACTICAL EXPERIENCE**

An applicant with at least one year of practical hands-on experience, a minimum of 1680 hours, working with tools in the installation, alteration, or repair of wiring for fire alarms, burglar alarms, and/or electronic security systems, will qualify for an Alarm license through waiver of examination.

- #### 4. Detailed Statement of Experience

Dates Month/Year to Month/Year	Give a detailed account of at least one year of practical hands-on experience, a minimum of 1680 hours, working with tools in the installation, alteration, or repair of wiring for fire alarms, burglar alarms, and/or electronic security systems. (Use additional paper if necessary)	
	Employer	Duties

In addition, applicants must submit the attached Certification of Practical Experience.

Please note the following instructions:

- An applicant who is an employee of an alarm business must submit **one (1)** certification for each employer who can certify the applicant's practical experience.
- An applicant who is an owner of an alarm business must submit **two (2)** certifications from other business owners engaged in the alarm industry who can certify the applicant's practical experience.

**WAIVER OF ALARM EXAMINATION WITH LESS THAN ONE YEAR
(MINIMUM OF 1680 HOURS) OF PRACTICAL EXPERIENCE**

An applicant with less than one year of practical hands-on experience, a minimum of 1680 hours, working with tools in the installation, alteration, or repair of wiring for fire alarms, burglar alarms, and/or electronic security systems, will qualify for waiver of the alarm examination if an application is submitted within 120 days of rules adoption and the applicant provides proof for the completion of 40 hours of technical training.

5. Education

List the required **8 hours** of technical training from the following subjects which you have successfully completed.

- **Two (2) hours** of training in the Barrier Free subcode
- **Two (2) hours** of training in the Uniform Construction Code (exclusive of the Barrier Free subcode)
- **Two (2) hours** of training in the Americans with Disabilities Act.
- **Two (2) hours** of training in Industrial Safety

Attach copies of certificates or other documentation to verify the training.

Title of Training	Name of Provider	Location	Number of Hours	Date Completed

List the required **32 hours** of technical training from trade related subjects which you have successfully completed.

Attach copies of certificates or other documentation to verify the training.

[illegible]

6. Child Support Questions

Please certify, under penalty of perjury, the following:

1. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - a. If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - b. If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
2. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
4. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

*Social Security Number: _____ - _____ - _____

You must disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one. The Board is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the HIP Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure and disciplinary proceedings.

I, _____, ☐ Consent ☐ Do Not Consent
Applicant's signature

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ } ss.
County of: _____

I, _____, in making this application to the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a license or certification issued by the Advisory Committee.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Advisory Committee.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here



State of New Jersey

BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
FIRE ALARM, BURGLAR ALARM & LOCKSMITH ADVISORY COMMITTEE

ALARM LICENSE
CERTIFICATION OF PRACTICAL EXPERIENCE

A separate form must be completed for each reference you are submitting with your application for a license

Indicate the category of license you are applying for: Fire Alarm _____
Burglar Alarm _____

(Please Print or Type)

Name of Applicant

Name of Reference

Address

Company

Area Code & Telephone Number of Applicant

Area Code & Telephone Number of Reference

The applicant stated above has made application for a license issued by the Fire Alarm, Burglar Alarm & Locksmith Advisory Committee and has asked you to certify his/her practical experience.

How long have you known the applicant? _____ years

The applicant **has owned** an alarm business for _____ years

or

The applicant **has been employed** in the alarm business for _____ years

This Affidavit must be executed before a Notary Public:

I, _____ swear or affirm that all information provided herein is true to the best of my knowledge and belief.

Signature of Reference

Sworn or Affirmed and subscribed to before me on _____
Date

Name of Notary Public

Affix Seal Here

Signature of Notary Public